

EXHIBIT 5a

PART 7

BP-S148.055 INMATE REQUI ! TO STAFF CDFRM
SEP 98

U.S. DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF PRISONS

TO: (Name and Title of Staff Member) <i>Medical Records</i>	DATE: <i>10/15/03</i>
FROM: <i>DONALD L MASHIEN JR</i>	REGISTER NO.: <i>10924-052</i>
WORK ASSIGNMENT: <i>extra orderly</i>	UNIT: <i>AB</i>

SUBJECT: (Briefly state your question or concern and the solution you are requesting. Continue on back, if necessary. Your failure to be specific may result in no action being taken. If necessary, you will be interviewed in order to successfully respond to your request.)

I request a copy of my lab results that was taken on 10/10/03 also a complete copy of all my medical records. please respond

(Do not write below this line)

DISPOSITION:

See attached
22 pages

FCI McKean

Signature Staff Member <i>J. P. [Signature]</i>	Date <i>10/21/03</i>	000416
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Record Copy - File; Copy - Inmate
(This form may be replicated via WP)

This form replaces BP-148.070 dated Oct 86
and BP-S148.070 APR 94

BP-S148.055 INMATE REQUEST TO STAFF CDFRM

SEP 98

U.S. DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF PRISONS

TO: (Name and Title of Staff Member) <i>DR Beam</i>	DATE: <i>10/15/03</i>
FROM: <i>Donald C Moshien JR</i>	REGISTER NO.: <i>10924-052</i>
WORK ASSIGNMENT: <i>extra orderly</i>	UNIT: <i>AB</i>

SUBJECT: (Briefly state your question or concern and the solution you are requesting. Continue on back, if necessary. Your failure to be specific may result in no action being taken. If necessary, you will be interviewed in order to successfully respond to your request.)

I Request A GENO Type test Done to Determine What GENO Type of HCV I HAVE SO AN INFORMATIVE SESSION CAN BE MADE ON HOW TO TREAT MY DISEASE. PLEASE RESPOND

(Do not write below this line)

DISPOSITION:

Recd 10/16/03
With order

Signature Staff Member

*H. Beam MD*H. BEAM MD
FCI WICKLEMAN*10/16/03*

000417

Record Copy - File; Copy - Inmate
(This form may be replicated via WP)

This form replaces BP-148.070 dated Oct 86
and BP-S148.070 APR 94



BP-S148.055 INMATE REQUEST TO STAFF CDFRM

SEP 98

U.S. DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF PRISONS

TO: (Name and Title of Staff Member) <i>Dr Beam</i>	DATE: <i>10/15/03</i>
FROM: <i>Donald C Moshien JR</i>	REGISTER NO.: <i>10924-052</i>
WORK ASSIGNMENT: <i>extra orderly</i>	UNIT: <i>A/B</i>

SUBJECT: (Briefly state your question or concern and the solution you are requesting. Continue on back, if necessary. Your failure to be specific may result in no action being taken. If necessary, you will be interviewed in order to successfully respond to your request.)

I Request at this time to be VACCINATED according to BOP Policy for Hepatitis A, AS I HAVE CHRONIC HCV
Please Respond

(Do not write below this line)

DISPOSITION:

seen 10/16/03
will check for previous
Hep A & B infections if
immunization needed
will arrange

Signature Staff Member

Date

*IMB**10/16/03*

000418

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This form replaces BP-148.070 dated Oct 86
and BP-S148.070 APR 94



BP-S148.055 INMATE REQUEST TO STAFF CDFRM

SEP 98

U.S. DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF PRISONS

TO: (Name and Title of Staff Member) <i>Dr Beam</i>	DATE: <i>10/15/03</i>
FROM: <i>DONALD L MASHIEN JR</i>	REGISTER NO.: <i>10924-052</i>
WORK ASSIGNMENT: <i>extra ordinary</i>	UNIT: <i>AB</i>

SUBJECT: (Briefly state your question or concern and the solution you are requesting. Continue on back, if necessary. Your failure to be specific may result in no action being taken. If necessary, you will be interviewed in order to successfully respond to your request.)

I Request A Viral Load HCV - RNA - PCR TO determine what my level of the virus is. Because patients with a low viral load respond better to HCV therapy with Interferon + Ribavirin

PLEASE Respond

(Do not write below this line)

DISPOSITION:

seen 10/16/03
will order

Signature Staff Member

Date

000419

Record Copy - File; Copy - Inmate
(This form may be replicated via WP)

This form replaces BP-148.070 dated Oct 86
and BP-S148.070 APR 94



BP-S148.055 INMATE REQUEST TO STAFF CDFRM

SEP 98

U.S. DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF PRISONS

TO: (Name and Title of Staff Member) <i>DR Beam</i>	DATE: <i>10/15/03</i>
FROM: <i>DONALD L Moshien Jr</i>	REGISTER NO.: <i>10924-052</i>
WORK ASSIGNMENT: <i>extra on duty</i>	UNIT: <i>AB</i>

SUBJECT: (Briefly state your question or concern and the solution you are requesting. Continue on back, if necessary. Your failure to be specific may result in no action being taken. If necessary, you will be interviewed in order to successfully respond to your request.)

I Request A Liver Biopsy To Determine The Health of my Liver, SO AN INFORMATIVE EVALUATION ON MY CONDITION (HCV) CAN BE MADE, AS IF WEATHER TO TREAT RIGHT AWAY - ALT LEVELS ONLY CAN PREDICT INFLAMMATION AT THE TIME OF THE BLOOD TEST - CAN'T PREDICT IF A PATIENT HAS FIBROSIS OR CIRRHOSIS.
PLEASE RESPOND

(Do not write below this line)

DISPOSITION:

seen 10/16/03
if needed will be done
preparatory work in progress

Signature Staff Member

Date

INB
H. BEAM, MD
FCI MCKEAN

10/16/03

000420

Record Copy - File; Copy - Inmate
(This form may be replicated via WP)

This form replaces BP-148.070 dated Oct 86
and BP-S148.070 APR 94

BP-S148.055 INMATE REQUEST TO STAFF CDFRM

SEP 98

U.S. DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF PRISONS

TO: (Name and Title of Staff Member) <i>Dr Beam</i>	DATE: <i>10/15/03</i>
FROM: <i>DONALD C MASHIEN JR</i>	REGISTER NO.: <i>10924-052</i>
WORK ASSIGNMENT: <i>extra only</i>	UNIT: <i>AB</i>

SUBJECT: (Briefly state your question or concern and the solution you are requesting. Continue on back, if necessary. Your failure to be specific may result in no action being taken. If necessary, you will be interviewed in order to successfully respond to your request.)

*I Request that you schedule me with psychology
for clearance to treat my HCV Disease.
Please Respond.*

(Do not write below this line)

DISPOSITION:

*Seen 10/16/03**Will arrange - watch the callouts*

Signature Staff Member <i>H. Beam</i>	Date <i>10/16/03</i>	000421
Record Copy - File; Copy - Inmate (This form may be replicated via <i>H. BEAM, MD FCI MCKEAN</i>)		This form replaces BP-148.070 dated Oct 86 and BP-S148.070 APR 94



BP-S148.055 INMATE REQUEST TO STAFF CDFRM

SEP 98

U.S. DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF PRISONS

TO: (Name and Title of Staff Member) <i>DR. Beam</i>	DATE: <i>10/2/03</i>
FROM: <i>DONALD C Moshien JR</i>	REGISTER NO.: <i>10924-052</i>
WORK ASSIGNMENT: <i>extra orderly</i>	UNIT: <i>A/B</i>

SUBJECT: (Briefly state your question or concern and the solution you are requesting. Continue on back, if necessary. Your failure to be specific may result in no action being taken. If necessary, you will be interviewed in order to successfully respond to your request.)

I HAVE Hepatitis C.
Request to be VACCINATED
AGAINST Hepatitis A
PLEASE RESPOND

(Do not write below this line)

DISPOSITION:

*From the envelope it looks like this
got sent somewhere other than to
medical. I'll see you on call out
soon and start talking about Hep C
and what needs to be done about
it.*

Signature Staff Member

H. Beam

Date

10/8/03

000422

Record Copy - File; Copy - Inmate
(This form may be replicated via

H. BEAM, MD
FBI MCKEAN

This form replaces BP-148.070 dated Oct
and BP-S148.070 APR 94

BP-S148.055 INMATE REQUEST TO STAFF CDFRM

SEP 98

U.S. DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF PRISONS

TO: (Name and Title of Staff Member) <i>DR Smith, Hospital Administration</i>	DATE: <i>9/28/03</i>
FROM: <i>DONALD L MOSHIER JR</i>	REGISTER NO.: <i>10924-052</i>
WORK ASSIGNMENT: <i>extra order only</i>	UNIT: <i>A/B</i>

SUBJECT: (Briefly state your question or concern and the solution you are requesting. Continue on back, if necessary. Your failure to be specific may result in no action being taken. If necessary, you will be interviewed in order to successfully respond to your request.)

I HAVE BEEN TESTED POSITIVE FOR HEPATITIS C. THIS EXPLAINS WHY I HAVE BEEN FEELING SICK ALL THE TIME. I REQUEST AT THIS TIME TO BE TREATED FOR THIS DISEASE WITH PEGLATED INTERFERON / RIBAVIRIN, ALSO THAT I BE PLACED ON CHRONIC CARE WITH NO MORE DELAYS AND HAVE MY BLOOD MONITORED REGULARLY. I HAVE BEEN FEELING SICK WITH PAIN UNDER MY RIGHT RIBS AND MY URINE HAS BEEN DARK BROWN AT TIMES. I ALSO REQUEST A LIVER PROFILE DONE AS SOON AS POSSIBLE. PLEASE RESPOND. THIS IS MY LIFE AND THIS DISEASE KILLS.

*THANK YOU VERY MUCH
Donald L Moshier Jr*

(Do not write below this line)

DISPOSITION:

*on clinic for three times
10/16/03 @ 1230*

FCI McKean	
Signature Staff Member <i>[Signature] HSA</i>	Date <i>10-7-03</i>

000423

Record Copy - File; Copy - Inmate
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This form replaces BP-148.070 dated Oct 86
and BP-S148.070 APR 94

BP-S148.055 INMATE REQUEST TO STAFF CDFRM

SEP 98

U.S. DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF PRISONS

TO: (Name and Title of Staff Member) <i>DR. BEAN</i>	DATE: <i>9/28/03</i>
FROM: <i>DONALD L MOTHEN JR</i>	REGISTER NO. <i>10924-052</i>
WORK ASSIGNMENT: <i>extra orderly</i>	UNIT: <i>A/B</i>

SUBJECT: (Briefly state your question or concern and the solution you are requesting. Continue on back, if necessary. Your failure to be specific may result in no action being taken. If necessary, you will be interviewed in order to successfully respond to your request.)

I HAVE BEEN TESTED POSITIVE FOR Hepatitis C. THIS EXPLAINS WHY I HAVE BEEN FEELING SICK ALL THE TIME. I REQUEST AT THIS TIME TO BE TREATED FOR THIS DISEASE WITH PEGLATED INTERFERON / RIBAVIRIN, ALSO THAT I BE PLACED ON CHRONIC CARE WITH NO MORE DELAYS, AND HAVE MY BLOOD MONITORED REGULARLY. I HAVE BEEN FEELING SICK WITH PAIN UNDER MY RIGHT RIBS AND MY URORE HAS BEEN DARK BROWN AT TIMES. I ALSO REQUEST A LIVER PROFILE DONE AS SOON AS POSSIBLE. PLEASE RESPOND. THIS IS MY LIFE AND THIS DISEASE KILLS.

THANK YOU VERY MUCH.

Donald L Mothin Jr.

(Do not write below this line)

DISPOSITION:

Watch the calls for lab tests

you have an appointment on 10/16/03 @ 1230 and can talk then

Signature Staff Member

[Signature]
H. BEAM, MD
FCI MCKEANS

9/30/03

000424

Record Copy - File; Copy - Inmate
(This form may be replicated via WP)

This form replaces BP-148.070 dated Oct 86
and BP-S148.070 APR 94

BP-S148.055 INMATE REQUEST, TO STAFF CDFRM

SEP 98

U.S. DEPARTMENT OF JUSTICE

Copy 1 of 2

FEDERAL BUREAU OF PRISONS

TO: (Name and Title of Staff Member) <i>Medical Records</i>	DATE: <i>9/22/03</i>
FROM: <i>DONALD C Moshien SR</i>	REGISTER NO.: <i>10924-052</i>
WORK ASSIGNMENT: <i>extra orderly</i>	UNIT: <i>A/B</i>

SUBJECT: (Briefly state your question or concern and the solution you are requesting. Continue on back, if necessary. Your failure to be specific may result in no action being taken. If necessary, you will be interviewed in order to successfully respond to your request.)

*I Request copy's of my last Blood tests,
performed Here at FCI McKEAN.*

Put in ON 9/22/03 at 2:39pm

(Do not write below this line)

DISPOSITION:

*See Attached
2 pgs.*

Signature Staff Member <i>T. Pelton</i>	FCI McKEAN Date <i>9/25/03</i>	000425
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Record Copy - File; Copy - Inmate
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and BP-S148.070 APR 94

BP-S148.055 INMATE REQUEST TO STAFF CDFRM

SEP 98

U.S. DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF PRISONS

copy 1 of 2

TO: (Name and Title of Staff Member) MR. DR. OLSON	DATE: 9/17/03
FROM: DONALD LEROY MOSHIER JR.	REGISTER NO.: 10924-052
WORK ASSIGNMENT:	UNIT: A/B

SUBJECT: (Briefly state your question or concern and the solution you are requesting. Continue on back, if necessary. Your failure to be specific may result in no action being taken. If necessary, you will be interviewed in order to successfully respond to your request.)

Dr. Olson approximately 2 weeks ago I come in for bloodwork for a Hepatitis Test. I was told it would take approximately 6 to 8 days for the results to come in. As you can imagine I'm concerned about the results and want to find out as soon as possible. I would appreciate your attention to what's happening with my results. Also I've been attempting to get a back brace for some time now, in addition I would like to formally request a copy of my complete medical record. Thank you for your attention and I await a response.

(Do not write below this line)

DISPOSITION:

You will be placed on callant to see Dr. Bean to discuss your lab tests

F. I. McKean

Signature Staff Member



Date

9/18/03

000426

Record Copy - File; Copy - Inmate
(This form may be replicated via WP)

This form replaces BP-148.070 dated Oct 86
and BP-S148.070 APR 94

POST-TEST: Seronegative

10924-052
Mosnier

- ☒ 1. Explain purpose of session.
- ☒ 2. Review confidentiality.
- ☒ 3. Test Information
 - ☒ a. Inform patient of negative test result.
 - ☒ b. Explain purpose of test.
 - ☒ c. Identify remaining risks.
 - ☒ d. Explain inability of test to detect early infections. (false negatives)
- ☒ 4. Explain risk reduction behaviors (high risk)
- ☒ 5. Discussed follow-up testing (high risk)
- ☒ 6. Give additional education material if requested.
- ☒ 7. Patients Reactions/Level of Understanding/Comments

I understand the above information.

Daell Mosnier
Signature of Inmate

[Signature]
Signature of Staff Counselor

4/30/03
Date

Seropositive Post-Test Counseling

- ☐ 1. Confidentiality review.
- ☐ 2. Patient informed of results of test by physician.
- ☐ 3. Patient referred to the psychology department for follow-up counseling.

Signature of Inmate

Signature of Staff Counselor

Date

FCI McKean

Inmate Sick Call Sign-Up Sheet

(Formulario y Registro para Atencion Medica de Confinados)

INSTRUCTIONS:

You must fill out this form completely, numbers 1-9:

(Debe de llenar este formulario completamente, numeros 1-9.)

1. Name: Donald I Moshier Jr
(Nombre)
2. Reg. Number: 10924 - 052
(Numero de Registro)
3. Date: 11/27/02
(Fecha)
4. Housing unit and Unit Team: A/B TEAM: A ☒ B C D
(Unidad y equipo de la unidad)
5. Complaint. What is your problem?
(Queja). (Cual es su problema?)
I Have A Really Bad Cold
Sore Throat, and Bad Gargill Hoarseness
6. How long have you had this problem?
(Durante cuante tiempo ha tenido este problema?)
Days 2 Months _____ Years _____
Dias (Meses) (Anos)
7. Are you on any medication(s) at present? Yes _____ No ☒
(Esta usted tomando alguna(s) medicinas actualmente?)
8. Have you purchased Over-the-Counter Medications from Commissary?
(Ha comprado medicinas non-prescripcion en la Comisaria?)
Yes _____ No ☒
9. Signature Donald I Moshier Jr
(Firma)

TO BE COMPLETED BY HEALTHCARE STAFF TRIAGE PERSONNEL:

10. Date Seen: _____
11. Time Seen: _____
12. Subjective: _____

13. Objective: Temp. _____ Pulse _____ Respirations _____ B/P _____
13. Appointment Date: Mon Dec 9th Appointment Time 8:30
14. Triage Personnel's Signature: [Signature]

000428

FCI MCKEAN HEALTH SVC.

FCI McKeanInmate Sick Call Sign-Up Sheet

(Formulario y Registro para Atencion Medica de Confinados)

02 AUG 29 - 11:11 AM

INSTRUCTIONS:

You must fill out this form completely, numbers 1-9:

(Debe de llenar este formulario completamente, numeros 1-9.)

1. Name: Donald C Moshier JR
(Nombre)
2. Reg. Number: 10924-052
(Numero de Registro)
3. Date: 8/28/02
(Fecha)
4. Housing unit and Unit Team: A/B TEAM: (A) B C D
(Unidad y equipo de la unidad)
5. Complaint. What is your problem?
(Queja). (Cual es su problema?)
my ears, I CAN'T EVEN HEAR OUT OF
my LEFT EAR NOW. AND THEY BOTH RING ALL THE TIME, AND HURT
6. How long have you had this problem?
(Durante cuante tiempo ha tenido este problema?)
Days 2 1/2 W. Months _____ Years _____
Dias (Meses) (Anos)
7. Are you on any medication(s) at present? Yes _____ No X
(Esta usted tomando alguna(s) medicinas actualmente?)
8. Have you purchased Over-the-Counter Medications from Commissary?
(Ha comprado medicinas non-prescipcion en la Comisaria?)
Yes _____ No X
9. Signature: Donald C Moshier JR
(Firma)

TO BE COMPLETED BY HEALTHCARE STAFF TRIAGE PERSONNEL:

10. Date Seen: _____
11. Time Seen: _____
12. Subjective: _____

13. Objective: Temp. _____ Pulse _____ Respirations _____ B/P _____
13. Appointment Date: 9/9/02 Appointment Time 10:30
14. Triage Personnel's Signature: [Signature]

000429

Specimen #	Type	Primary Lab	Report Status	Pg
283-844-2368-0	S	CB	Final	1
Time 0630				
Additional Information				
CD- 53099351380				
Patient Name		Sex	Age (Yr/Mos)	
MOSHIER, DONALD		M	042/01	
Pat. Addr.				
Date Collected	Date Entered	Date Reported		
10/10/03	10/11/03	10/11/03	0581	



Clinical Information	
Fasting: N	
Physician ID	Patient ID
BEAM H	10924-052
Accession	
FEDERAL CORRECTIONAL INSTITUTE 37806845	
MCKEAN COUNTY	
RT 59 & BIG SHANTY ROAD	
LEWIS RUN, PA 16738	
814-362-8900	

TESTS	RESULT	FLAG	UNITS	REFERENCE INTERVAL	LAB
HEPATIC FUNCTION PANEL (7)					
Protein, Total, Serum	7.1		g/dL	6.0 - 8.5	CB
Albumin, Serum	4.1		g/dL	3.5 - 5.5	CB
Bilirubin, Total	0.5		mg/dL	0.1 - 1.2	CB
Bilirubin, Direct	0.15		mg/dL	0.00 - 0.40	CB
Alkaline Phosphatase, Serum	64		IU/L	25 - 150	CB
AST (SGOT)	69	H	IU/L	0 - 40	CB
This serum sample was in contact with the red cells when received. This may adversely affect serum Chemistries.					
ALT (SGPT)	115	H	IU/L	0 - 40	CB
BUN	15		mg/dL	5 - 26	CB
Creatinine, Serum	1.0		mg/dL	0.5 - 1.5	CB
BUN/Creatinine Ratio	15			8 - 27	

Lab: CB LABCORP DUBLIN

Director: ROSE GOODWIN, MD

6370 WILCOX ROAD DUBLIN, OH 43016-1296

For inquiries, the physician may contact: Branch: 412-937-1808 Lab: 614-889-1061
Last Page of Report

S. Czekaj, MD
S. Czekaj, Med Tech.

REVIEWED BY:

H. Beam, MD
10/24/03

H. BEAM, MD
FCI MCKEAN

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REPORT

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Report Date: 10/11/03 Report Time: 08:08 ET All Rights Reserved

000430

MOSHIER, DONALD

U.S. MEDICAL CENTERS FOR FEDERAL PRISONERS
 Laboratory, 1900 W. Sunshine
 SPRINGFIELD, MISSOURI 65808
 (417) 862-7041

*** SENSITIVE-LIMITED OFFICIAL USE ***
 FINAL REPORT

Register Number : 10924-052
 Name : MOSHIER JR, DONALD
 Location : MCK
 Admit. Physician: BEAM, MD
 Order. Physician: BEAM, MD
 Collected : 02/12/04 @ 08:45
 Age : 42yr
 Sex : M
 Accession Number : 1787

Test	Result	Flag	Reference Range/Units	Tech
LIVER PROFILE				
Urea Nitrogen	15		7 - 22 mg/dL	RS CK
Creatinine	1.0		0.6 - 1.6 mg/dL	RS CK
Total Protein	7.5		6.0 - 8.2 g/dL	RS CK
Albumin	4.0		3.6 - 5.1 g/dL	RS CK
Alkaline Phos.	63		41 - 133 U/L	RS CK
AST(SGOT)	68	HI	11 - 55 U/L	RS CK
LDH	397		354 - 705 U/L	RS CK
Total Bilirubin	0.40		0.20 - 1.30 mg/dL	RS CK
A/G Ratio	1.13		1.00 - 2.30	RS CK
Globulin	3.5		2.0 - 3.7 g/dL	RS CK
ALT1(SGPT)	115	HI	11 - 66 U/L	RS CK
Direct Bilirubin	0.30		0.00 - 0.50 mg/dL	RS CK
Gamma GT1	54		8 - 78 U/L	RS CK
Bilirubin Unconj	0.1		0.0 - 1.1 mg/dL	HS CK
Bun/Creat Ratio	15.8		5.0 - 30.0	RS CK
Bilirubin Conjug	0.00		0.00 - 0.30 mg/dL	RS CK

Legend

LO=Low AL=Alarm Low EL=Elevated Low HI=High AH=Alarm High EH=Elevated High AB=Abnormal

Name : MOSHIER JR, DONALD
 Register Number : 10924-052
 Printed : 02/13/2004 @ 16:28

S. Czeka
 S. Czeka, Med Tech.

Location : MCK
 Page : 1 of 1

000431

U.S. MEDICAL CENTERS FOR FEDERAL PRISONERS
 Laboratory, 1900 W. Sunshine
 SPRINGFIELD, MISSOURI 65808
 (417) 862-7041

*** SENSITIVE-LIMITED OFFICIAL USE ***
 FINAL REPORT

Register Number : 10924-052
 Name : MOSHIER JR, DONALD Age : 42yr
 Location : MCK Sex : M
 Admit. Physician: BEAM, MD Accession Number : 8912
 Order. Physician: BEAM, MD
 Collected : 05/12/04 @ 06:20 by: REFE

Test	Result	Flag	Reference Range/Units	Tech
Collection Cmt.	Fasting			TC
LTPID TESTING				
LIVER PROFILE				
Glucose	177	HI	70 - 110 mg/dL	LN CK
Urea Nitrogen	12		7 - 22 mg/dL	LN CK
Creatinine	1.0		0.6 - 1.6 mg/dL	LN CK
Total Protein	7.4		6.0 - 8.2 g/dL	LN CK
Albumin	3.8		3.6 - 5.1 g/dL	LN CK
Alkaline Phos.	68		41 - 133 U/L	LN CK
AST(SGOT)	93	HI	11 - 55 U/L	LN CK
LDH	400		354 - 705 U/L	LN CK
Total Bilirubin	0.60		0.20 - 1.30 mg/dL	LN CK
Cholesterol	114	LO	140 - 200 mg/dL	LN CK
Triglycerides	169		30 - 200 mg/dL	LN CK
A/G Ratio	1.04		1.00 - 2.30	LN CK
Globulin	3.6		2.0 - 3.7 g/dL	LN CK
ALT1(SGPT)	129	HI	11 - 66 U/L	LN CK
Direct Bilirubin	0.20		0.00 - 0.50 mg/dL	LN CK
Gamma GT1	54		8 - 78 U/L	LN CK
Bilirubin Unconj	0.4		0.0 - 1.1 mg/dL	HS CK
Bun/Creat Ratio	12.0		5.0 - 30.0	LN CK
HDL-Cholesterol	22	LO	29 - 67 mg/dL	LN CK
Other factors critical to assessment of CHD risk - Overweight, Blood Pressure, Smoking and Familial History.				
VLDL	34		mg/dL	HS CK
LDL Cholesterol	58	LO	62 - 130 mg/dL	HS CK
Chol/HDL Ratio	5.2	HI	3.4 - 5.0	HS CK
Glycohemoglobin	4.9		4.3 - 6.3 %A1C	LN CK
Bilirubin Conjug	0.00		0.00 - 0.30 mg/dl	LN CK

Legend

LO=Low AL=Alarm Low EL=Elevated Low HI=High AH=Alarm High EH=Elevated High A=Abnormal

Name : MOSHIER JR, DONALD
 Register Number : 10924-052
 Printed : 05/13/2004 @ 17:06

Location : MCK
 Page : 1 of 1

000432



LabCorp Dublin
6370 Wilcox Road
Dublin, OH 43016-1296

Phone: 614-889-1061

Patient Name MOSHIER, DONALD				Patient ID 10924 052	
Sex M	Date of Birth 08/18/61	Age (Y/M/D) 42/11/01	Fasting	Patient Phone	
Additional Information					
Date and Time Collected 07/19/04 08:15		Total Volume	Date and Time Reported 07/27/04 15:11 ET		
Tests Ordered					
Hepatitis C Virus Genotyping					
Specimen Number 201-844-1529-0		Account Number 37806845		Control Number AK537806845	
Physician Name <i>Dr. Beam</i>				Physician ID BEAM	
Account Federal Correctional Institute McKean County Rt 59 & Big Shanty Road Lewis Run PA 16738 814-362-8900				00	

TESTS	RESULT	FLAG	UNITS	REFERENCE INTERVAL	LAB
Hepatitis C Virus Genotyping					
Hepatitis C Genotype	3e			See Note	TG

This assay can detect the six (6) major HCV Genotypes and their most common subtypes.

Several clinical studies have demonstrated that Genotype 1 HCV may be more refractory to interferon monotherapy as well as to interferon plus ribavirin combination therapy. Sustained response rates are increased for Genotype 1 infected patients when therapy is given for 48 weeks instead of 24 weeks.

Please note:

This test was developed and its performance characteristics determined by LabCorp. It has not been cleared or approved by the U.S. Food and Drug Administration.

The FDA has determined that such clearance or approval is not necessary. This test is used for clinical purposes. It should not be regarded as investigational or for research.

CB: LabCorp Dublin 6370 Wilcox Road, Dublin, OH 43016-1296	Dir: Rose Goodwin, MD
TG: LabCorp RTP 1912 Alexander Drive, RTP, NC 27709	Dir: Myla Lai-Goldman, MD
For inquiries, the physician may contact: Branch: 412-937-1808 Lab: 614-889-1061	

S. Czeka, mt
S. Czeka, Med Tech.

REVIEWED BY
7/27/04

H. BEAM, MD
FCI MCKEAN

MOSHIER, DONALD	10924 052	201-844-1529-0	Seq # 1081
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FINAL REPORT

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LabCorp Dublin
 6370 Wilcox Road
 Dublin, OH 43016-1296

Phone: 614-889-1061

Patient Name MOSHIER, DONALD				Patient ID 10924 052	Specimen Number 201-844-1526-0	Account Number 37806845	Control Number AK437806845
Sex M	Date of Birth 08/18/61	Age (Y/M/D) 42/11/01	Fasting	Patient Phone	Physician Name <i>Dr. Beam</i>		Physician ID BEAM
Additional Information					Account Federal Correctional Institute 00 McKean County Rt 59 & Big Shanty Road Lewis Run PA 16738 814-362-8900		
Date and Time Collected 07/19/04 08:15		Total Volume	Date and Time Reported 07/24/04 08:06 ET		Tests Ordered HCV QuantaSure Plus(Non-Graph)		

TESTS	RESULT	FLAG	UNITS	REFERENCE INTERVAL	LAB
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HCV QuantaSure Plus(Non-Graph)
 International Units **7,270,000** IU/ML **TG**
 Please note: **TG**

This test measures HCV RNA using real-time Polymerase Chain Reaction (PCR) technology. The assay was developed and its performance characteristics were determined by Labcorp. It has not been cleared or approved by the U.S. Food and Drug Administration.

The FDA has determined that such clearance or approval is not necessary. This test is used for clinical purposes. It should not be regarded as investigational or for research.

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HEALTH SVC.
 JUL 25 AM 8:03

S. Czokai, MD
 S. Czokai, Mod Tech.

REVIEWED BY: *[Signature]*
 7/26/04
 H. BEAM, MD
 FCI MCKEAN

MOSHIER, DONALD	10924 052	201-844-1526-0	Seq # 1073
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FINAL REPORT

Page 1 of 1

176 Thornberry Drive
Pittsburgh, PA 15235-5061
June 25, 2007

Megan E. Farrell
Assistant U.S. Attorney
Western District of Pennsylvania
U.S. Post Office & Courthouse
700 Grant Street
Suite 400
Pittsburgh, PA 15219

DRAFT

Re: Donald L. Moshier, Jr. v. United States, et al.
Civil Action No. 05-180E

Dear Ms. Farrell:

I have reviewed the materials concerning the above-captioned case as sent with your covering letter of June 11, 2007. Before offering an opinion as to the quality of medical care rendered to Mr. Moshier, I would briefly like to review the details of his medical problem and the therapy provided.

Mr. Moshier informed the medical staff (Dr. Herbert Beam, M.D.) at the McKean County PA federal prison of his history of high risk behavior and the possibility that he could have hepatitis C on 9/2/03. Mr. Moshier requested testing for this possibility. Screening for the presence of the antibody to the hepatitis C virus (anti-HCV) was reported as positive on 9/16/03. On 10/10/03 Mr. Moshier's serum ALT level was reported as 115 with the upper limit of normal (ULN) < 40. Subsequent relevant testing included finding the presence of prior exposure and immunity to the hepatitis B virus (HBV) -11/26/03, ALT levels of 115 (2/12/04) and 129 (5/12/04) with the ULN on these occasions <66, determining the viral genotype to be 3e (7/19/04) and a liver biopsy performed 8/24/04 which demonstrated cirrhosis of the liver in a micronodular pattern with active areas of piecemeal necrosis (Bradford Regional Medical Center, pathology #: S04-3048). Psychological clearance for the administration of Interferon (INF) was obtained on 9/22/04 and treatment with the pegylated form of INF (PEG-INF) plus ribavirin was initiated on 10/28/04.

Mr. Moshier's treatment extended to 4/14/05 (approximately 24 weeks) during which time he received a total of 25 doses of PEG-INF (11 at full strength) as well as daily ribavirin. The doses of these medications were modified during the course of this therapy to account for changes in bone marrow function as monitored by the medical staff.

The management of Mr. Moshier's chronic hepatitis C included:

- (1) The appropriate documentation of the chronicity of the active infection with demonstrated elevations of the liver inflammation marker ALT to greater than twice the ULN over a 6 month period (10/10/03 & 5/12/04 with Mr. Moshier having missed a Chronic

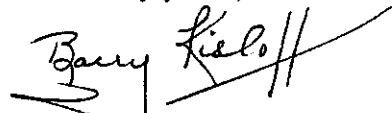
Care Clinic visit on 4/21/04). This monitoring over time is in accordance with all current recommendations as to the treatment of chronic hepatitis C in order to document the chronic nature of the active and ongoing liver necrosis as well as to provide a basis for treatment prognosis as medication for the therapy of chronic hepatitis C is both less likely to be needed or succeed in those patients with ALT levels < twice the ULN.

- (2) The typing of the hepatitis virus to provide the correct duration of therapy, which in this instance is 24 weeks.
- (3) The performance of a liver biopsy to accurately gauge the extent of disease prior to the onset of therapy and, in Mr. Moshier's case, to carefully monitor him for treatment-induced hepatic decompensation. This is an important consideration when initiating anti-viral therapy in an individual with already established advanced (cirrhotic) liver disease.
- (4) The careful monitoring of bone marrow functioning during the course of therapy.
- (5) The exclusion of relevant concomitant disease prior to initiating treatment which would profoundly influence the modality of therapy by checking for hepatitis B and HIV (performed 4/16/03, negative HIV-Ab).
- (6) The modification of medication dosage schedules consistent with bone marrow function assessments by appropriately timed monitoring of total white cell, neutrophil and platelet counts as well as hemoglobin and hematocrit testing.

As regards the advanced stage of liver disease noted on biopsy, this was the product of decades of liver disease rather than the almost twelve month time frame from initial request for evaluation for possible hepatitis C virus infection (9/2/03) to the time of liver biopsy (8/24/04). In the non-immunocompromised, non-multiply infected individual with actively ongoing hepatitis C infection the process leading to cirrhosis involves decades rather than months.

In summary, Mr. Moshier's chronic hepatitis C was diagnosed and treated in an entirely appropriate manner consistent with the medical standards of care for this disease.

Sincerely yours,


Barry Kisloff, M.D., FACP